

## SOME FRIENDLY REMINDERS

EACH CAMPER WILL BE RESPONSIBLE FOR HIS/HER OWN LUNCH DAILY. A MORNING AND AFTERNOON SNACK IS PROVIDED EACH DAY.

BOTH INDOOR AND OUTDOOR ACTIVITIES WILL BE PLANNED FOR EACH DAY, SO CAMPERS SHOULD BE DRESSED APPROPRIATELY FOR THE WEATHER.

ANY CHILD REQUIRING MEDICATION WILL NEED TO HAVE A MEDICATION RELEASE FORM ON FILE, AND ALL MEDICATION WILL HAVE TO BE BROUGHT TO THE McALLISTER OFFICE IN THE ORIGINAL PRESCRIPTION BOTTLE WITH THE INSTRUCTIONS CLEARLY ON THE LABEL.

ALL CHILDREN WILL NEED TO HAVE A SUNSCREEN RELEASE FORM AND A FIELD TRIP PERMISSION SLIP ON FILE IN THE McALLISTER OFFICE.

PLEASE BE SURE TO FILL OUT THE REGISTRATION INFORMATION IN FULL, INCLUDING ALL EMERGENCY CONTACT AND PICKUP INFORMATION. THIS IS VERY IMPORTANT TO THE McALLISTER STAFF, AS WE WILL ABSOLUTELY NOT LET A CHILD LEAVE WITH A PERSON WHO IS NOT LISTED ON THE FORM UNLESS PREVIOUSLY INFORMED OF ANY CHANGES. THERE ARE NO EXCEPTIONS TO THIS RULE!

IF YOU HAVE ANY QUESTIONS, COMMENTS, CONCERNS, OR COMPLIMENTS, PLEASE LET US KNOW. WE SINCERELY APPRECIATE ALL INPUT ON WHAT WE ARE DOING RIGHT, OR THINGS THAT WE CAN DO TO IMPROVE THE CAMP. THIS IS THE CHILDRENS' CAMP, AND WE ALWAYS ENJOY HEARING WAYS TO HELP MAKE IT BETTER!

AS WE DID LAST YEAR, INSTEAD OF HAVING THE FIRST WEEK'S CAMP FEE DUE AT THE TIME OF REGISTRATION, A \$25 NON-REFUNDABLE REGISTRATION FEE WILL BE ADDED IN ORDER TO RESERVE YOUR CHILD'S SPOT IN CAMP. YOU MAY CHOOSE TO PAY THE FIRST WEEK'S CAMP FEE AT THE TIME OF REGISTRATION, OR YOU MAY WAIT AND PAY ON THE FIRST DAY OF CAMP.



McAllister Recreation Center  
1915 Scott Street  
Lafayette, IN 47904  
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# McALLISTER SUMMER CAMP



Lafayette Parks and  
Recreation Department



# 2009 SUMMER CAMP

THE McALLISTER RECREATION CENTER IS PREPARING FOR YET ANOTHER TREMENDOUS SUMMER CAMP PROGRAM! THIS YEAR'S CAMP WILL INCLUDE A LOT OF NEW AND EXCITING ACTIVITIES WITHOUT LOSING ANY OF THE CAMP FAVORITES. THIS YEAR'S CAMPERS CAN LOOK FORWARD TO EXCITING FIELD TRIPS, GREAT GUEST SPEAKERS, FUN ARTS AND CRAFTS, AND MANY OTHER EXCITING GAMES AND ACTIVITIES!

CAMP WILL BE 12 WEEKS IN LENGTH AND WILL BEGIN ON MAY 26TH AND RUN THROUGH AUGUST 14TH. CAMP HOURS AND PRICES WILL REMAIN THE SAME YET AGAIN THIS YEAR.

CAMP IS SURE TO FILL UP QUICKLY, SO BE SURE TO RESERVE YOUR SPOT SOON SO THAT YOU WILL NOT MISS OUT ON LAFAYETTE'S MOST EXCITING SUMMER CAMP!



## CAMP INFORMATION

**LOCATION:** McALLISTER  
RECREATION CENTER

**HOURS:** 9:00 AM-4:00 PM

**DATES:** MAY 26TH-AUGUST 14TH

**BEFORE/AFTER CARE HOURS:**  
7:30-9:00 AM  
4:00-5:30 PM

**AGES:** ALL CHILDREN 6-12

**COST:** \$70/WEEK PER CHILD

**BEFORE/AFTER CARE:** \$15/WEEK PER FAMILY

PLEASE NOTE THAT THERE WILL BE NO CAMP ON FRIDAY, JULY 3RD.

THERE WILL BE A CAMPER AND PARENT ORIENTATION MEETING ON WEDNESDAY, MAY 20TH, AT 7:00 PM AT THE McALLISTER RECREATION CENTER. PARENTS AND CAMPERS WILL BE GIVEN THE OPPORTUNITY TO MEET THE STAFF, TOUR THE FACILITY, AND WILL BE GIVEN VALUABLE INFORMATION THAT WILL HELP MAKE THE FIRST DAY OF CAMP GO AS SMOOTHLY AS POSSIBLE.

### MAIL THIS REGISTRATION FORM TO:

McALLISTER RECREATION CENTER  
1915 SCOTT STREET  
LAFAYETTE, IN 47904

### OR DROP OFF DIRECTLY AT:

2351 NORTH 20TH STREET  
LAFAYETTE, IN 47904



## CAMP REGISTRATION

Name\_\_\_\_\_

Address\_\_\_\_\_

City, State and Zip Code\_\_\_\_\_

Phone\_\_\_\_\_Age\_\_\_\_\_DOB\_\_\_\_/\_\_\_\_/\_\_\_\_

**Shirt Size** YS YM YL AS AM AL AXL

Please check all weeks to be attended:

|                        |                      |
|------------------------|----------------------|
| ____May 26th-29th      | ____July 6th-10th    |
| ____June 1st-5th       | ____July 13th-17th   |
| ____June 8th-12th      | ____July 20th-24th   |
| ____June 15th-19th     | ____July 27th-31st   |
| ____June 22nd-26th     | ____August 3rd-7th   |
| ____June 29th-July 2nd | ____August 10th-14th |

**In order to reserve your space, a \$25 non-refundable registration fee is due at the time of registration.**

### Parent/Guardian Information

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_Work Phone\_\_\_\_\_

Name\_\_\_\_\_

Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_Work Phone\_\_\_\_\_

### Pickup Authorization

Do both parents have permission to pick up the child?

Yes

No

If no, please specify\_\_\_\_\_

Please list the names of anyone else authorized to pickup your child: \_\_\_\_\_

Please list two individuals who may be contacted in case of an emergency:

Name\_\_\_\_\_Phone\_\_\_\_\_

Name\_\_\_\_\_Phone\_\_\_\_\_

### Office Use Only

Date Received\_\_\_\_\_Date Paid\_\_\_\_\_Amount\_\_\_\_\_

Receipt Number\_\_\_\_\_Staff\_\_\_\_\_